

Vale Of White Horse District Council

Health Improvement Plan

2008- 2011

Recognising and optimising the Council's contribution to health and wellbeing in the Vale

A plan devised in consultation with Oxfordshire Primary Care Trust and other key stakeholders

Published April 2008

Executive Summary

In the Vale of White Horse District Council's Corporate Plan for 2005/08 the Council identified three corporate aims, one of which is: To create a cleaner, greener, safer and healthier community and environment. The Health Improvement Plan (HIP) forms part of the programme to deliver this aim by recognising and helping to optimize the contribution made by Council services and projects towards improving the health of people living and working in the Vale.

The Choosing Health White Paper, published in 2004, saw the role of the Government in the prevention of ill health change and be given greater emphasis. It followed a large scale public consultation and the gathering of evidence-based public health knowledge to establish six priorities for action:

- Reducing the number of people who smoke
- Reducing obesity
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health and well being
- Tackling health inequalities

In April 2007 the Director of Public Health for Oxfordshire published his annual report, which set out proposals for public health priorities in Oxfordshire. Four challenges were identified which need to be addressed in order to improve health and wellbeing in the county:

- Providing services for an ageing population
- Breaking the cycle of deprivation for children and families
- Combating obesity
- Fighting infectious diseases such as MRSA, tuberculosis, HIV and pandemic influenza

Each of the Vale Council's services has been considered in the light of these public health priorities and consultation has been undertaken with our partners including the Primary Care Trust, the Vale Strategic Partnership and voluntary organisations. The resulting Health Improvement Plan (HIP) considers how the Vale's existing health related services can most effectively help to address these challenges and sets out key actions, together with targets and measures where relevant, for these services over the coming three years.

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1.0 Introduction

This Health Improvement Plan aims to identify and optimise the contribution made by Council services and projects towards improving the health of people living and working in the Vale. The Council in the main does not have a statutory requirement to provide health related services. However it recognises its role as a community leader and health and wellbeing development partner. It has welcomed the advent of the Oxfordshire Primary Care Trust (PCT), which brings with it the prospect of enhanced joint health and well-being planning and provision across the county. By carrying out a review of its existing health development related services and consulting with its partners the Council will be able to identify which services are likely to be the most effective in helping to address public health priorities and provide the greatest community benefit. While the Council has a history of delivering good quality health development related services there has not been an attempt (until now) to consider the relative impact of the community benefit of each service and how the Council, using existing resources, can improve its impact. The Health Improvement Plan (HIP) achieves this by setting out key actions, with targets where relevant, for the Council's health development related services in the coming years.

2.0 How the Plan Has Evolved

In the Council's Corporate Plan for 2005/08 the Council identified three corporate aims. One of these aims was: "To create a cleaner, greener, safer and healthier community and environment". This aim was taken forward by a development programme in which four themed action plans ("cleaner", "greener", "safer" and "healthier") were devised and consulted upon. One of the plans was the Healthier Action Plan (HAP), which outlined all the Council services and projects that contribute to the improvement of health and well being in the Vale. Although the HAP described each service or project together with a brief status report and measures for further development, it did not assess or prioritise the services and projects in any way.

In its 2007/08 Budget Statement of February 2007 the Council committed to "recognise and optimise the contribution that Council services make to the health of the community" as part of its "healthier" programme. The key objective which this aim gave rise to was "to seek to agree and implement a Health Improvement Plan for the Vale with the newly formed Oxfordshire Primary Care Trust".

At the time of the 2007/08 budget the Healthier Action Plan was also confirmed as being in line with Council priorities and budget commitments. As well as taking account of the corporate priorities and budget available the final plan incorporated changes from other related development processes. These include the Vale Sustainable Community Strategy (VSCS), the Local Plan and the emerging Local Development Framework (LDF) and strategies and plans

for Community Safety, Sports Development and air quality management. The final Healthier Action Plan shows agreed measures for service development and it therefore serves as the starting point for the development of the Health Improvement Plan.

3.0 The National Picture

The “Choosing Health” White Paper was published in 2004. It highlighted that the role of the Government in the prevention of ill health needed to change and to be given greater emphasis. It noted that over time the public had come to look to Government for information about healthy and unhealthy choices. The paper proposed that at the start of the 21st century, England needed a new approach to public health, reflecting the rapid and radical transformation of English society. In drawing up the Paper’s recommendations a large scale consultation was carried out which listened to the views of the public, gathering their real concerns and asking how they thought they could be helped to improve their health and wellbeing. This together with a consideration of available evidence-based public health knowledge resulted in establishing six priorities for action:

- Reducing the number of people who smoke
- Reducing obesity
- Encouraging and supporting sensible drinking
- Improving sexual health
- Improving mental health and well being
- Tackling health inequalities

4.0 Local Context

Following the publication of the “Choosing Health” White Paper the Local Government White Paper “Strong and Prosperous Communities” was published in October 2006. It emphasised that in order for services to improve local authorities, their partners and the community need to be given more power to shape services and communities.

In April 2007 the Director of Public Health for the newly created Oxfordshire PCT published its Annual Report. The report contains evidence-based proposals for public health priorities in Oxfordshire. The evidence in the annual report was drawn from a variety of sources including the Health Priorities for each local authority district (SEPHO)¹, census data and NHS research.

¹ The South East Public Health Observatory have published a health profile for the Vale of White Horse in 2007

The priorities within the Annual Report reflect an Oxfordshire-wide perspective on the six “Choosing Health” White Paper priorities. The annual report is therefore structured around the following four main public health challenges:

- Older People: the “demographic challenge” – providing services for an aging population.
- Preventing Obesity
- Breaking the Cycle of Deprivation for Children and Families
- Fighting Infectious Diseases

The Health Improvement Plan has primarily focused on these four priorities in relation to the Vale’s health related services but after consultation with the Council’s voluntary and community sector partners it has also taken into consideration mental health and wellbeing, smoking and air quality as these are also considered to be important challenges for the Vale.

5.0 The Key Challenges

Aging Population

England is undergoing a profound demographic change and Oxfordshire is no exception. Both the number and proportion of older people is increasing. The working population will be increasingly stretched to fund public services for the retired and the economic impact on services will be severe. We cannot continue to provide our current range of services in the same way; they will simply not be affordable. According to the Office for National Statistics between 2004 and 2029 the Vale will see a 145% increase in people aged 85+years. We must therefore promote healthier lifestyles and tackle a wide range of issues (housing, fuel poverty, independent living etc) in order to prevent health problems that will put pressure on our services.

We will need to work effectively in partnership with the PCT and the voluntary and community sector to ensure that more people stay healthy for longer in these age groups. We must also ensure that by doing this we do not reduce our ability to address the health needs of the wider population.

i. Reducing the gap in all age all cause mortality

Though life expectancy has increased for the population as a whole, this improvement has not been uniform across all sections of society. In the Vale life expectancy varies from 82.1 years in the top 5 wards to 77.8 years in the bottom 5. One of Oxfordshire PCT’s strategic aims is to reduce this gap in all-age, all-cause mortality rates by 10% by 2012 between the top 20% and bottom 20% of the population.

To achieve this, a broad approach to health issues will be needed to tackle the root causes of these disparities. Many of these causes are due to deprivation and the PCT has identified several factors such as, quality of housing, fuel poverty, income and employment, education, the environment and air quality, transport and access to services as being important issues to tackle.

ii. Quality of life

Many older people enjoy good health well into their 70's. For some though, ill health can be carried over from middle age or develop later in life and cause increasing problems as the years go on. The PCT strategy aims to "add life to years", by improving the health and well-being of older people. Successful management of their health will avoid unnecessary long term care demands as a result of initial short term illness. By doing this, older people will also be able to remain at home longer and be less dependent on primary care.

There is a lot that an individual can do to remain fit and active and health promotion can contribute a great deal to reducing morbidity and promoting independence. Other than the more obvious issues of diet and nutrition, smoking, alcohol and keeping active (both physically and mentally) older people also have more specific needs that will have to be addressed. It will be necessary to work in partnership with the community services that support older people to tackle issues such fuel poverty, isolation and community transport.

Tackling Obesity

Obesity is one of the major public health issues of the Developed World. The number of obese individuals in England has tripled since the 1980's and the Vale is no exception with an estimated 1 in 5 adults being obese.

Obesity is responsible for more than 9,000 premature deaths per year in England and being obese reduces life expectancy by an average of 9 years. Ill health caused by obesity (diabetes, heart disease, some forms of cancer etc) costs the NHS over £1 billion per year and costs society as a whole up to £3.5 billion per year. The DPH report suggests that if obesity continues to increase, the knock on effects will break the bank. In the South East almost 1 in 20 children are obese. The only way forward is to help people gradually make healthy choices from cradle to grave.

The rise in obesity has ultimately arisen due to people taking in a greater amount of energy than they are expending through activity. This is partly due to a change in our eating habits and diet. It can also be attributed to a shift towards a more sedentary way of life due to our work patterns and the way we choose to travel and spend our leisure time.

i. Improving Diet and Nutrition

Over the last thirty years there has been a marked change in our diets with the increased consumption of processed foods. These tend to be higher in salt, saturated fat and in most cases do not contribute significantly to our intake of fresh fruit and vegetables.

The average salt intake in the UK is 9.5g per person each day, whereas the Scientific Advisory Committee on Nutrition recommends only 6g. Processed foods contribute around 75% of this salt to the UK diet. A high salt intake can lead to increased blood pressure which in turn can lead to a three fold increase in risk of heart disease and strokes.

Epidemiological studies have also found that those whose diets are high in saturated fat have a higher prevalence of coronary heart disease and cardiovascular disease. Excess intakes of saturated fat are associated with raised blood cholesterol levels. It has been recommended that saturated fat intake should make up no more than 7% of energy intake whereas current levels in the UK diet are in the region of 11%.

To maintain a balanced diet we should all be eating at least five portions of a variety of fruit and vegetables daily. This could lead to reduction of up to 20 per cent in overall deaths from chronic diseases, such as heart disease, stroke and cancer.

ii. Increasing Physical Activity

A key factor in improving health is to engage in an active lifestyle. In the Vale only 25% of people sampled in the Active People Survey 2006 participated in at least 30 minutes of moderate intensity activity 3 times a week.

Physically active people have a 20-30 per cent reduced risk of premature death and up to 50 per cent reduced risk of major chronic disease such as coronary heart disease, stroke diabetes and cancer. Besides the human costs it is estimated that the cost of inactivity in England is £8.2 billion annually. This excludes the contribution of physical inactivity to overweight and obesity, whose overall cost might run to £6.6–£7.4 billion per year according to recent estimates.

Breaking the Cycle of Deprivation for Children and Families

Most children and young people in Oxfordshire are healthier than in many other parts of the country. However, there remain areas of stubborn inequalities across the county with poorer prospects and poorer health being handed down from one generation to the next. We need to break this cycle of deprivation. Oxfordshire has 19 small geographical areas in the top most 20% deprived in England in terms of child poverty and one of these areas is within the Vale. Within the Vale around 1900 children live in low income households.

The DPH Report proposes working together to tackle issues (e.g. the number of children in temporary accommodation, illegal drug use etc) in order to promote a long and healthy life for children and young people.

Deprivation is commonly associated with large urban areas where poor housing, high unemployment, high crime and social poverty are more readily recognised. Deprivation in the Vale extends into the rural communities and it is these hidden pockets that will require targeted work in order to meet the specific economic and social needs of these vulnerable groups.

Fighting Infectious Diseases

Over the last fifty years antibiotics and immunisation programmes have made a huge impact in eradicating some diseases. But the DPH report says that over the next decade we need to improve the way we fight infectious diseases such as MRSA, pandemic influenza, TB and HIV due to change in trends (e.g. new diseases, rapid travel across continents spreads disease, the bugs that survive and breed are the ones that can beat the antibiotics). In 2005 there were 6 new cases of TB reported in the Vale, contributing to the total number of 63 new reported cases across Oxfordshire.

Improving Mental Health and Wellbeing

Mental health problems can affect anyone, regardless of their social situation, background, age, race or gender. According to the NHS mental health problems affect 1 in 4 people in the UK at some point in their life.

Having a mental health problem can affect many aspects of everyday life and many of these will also impact on physical health. It is estimated that on average GP's spend 30 per cent of their time helping to address mental health and stress related conditions and these are the second commonest cause of sick leave. Of the 2.72m working age people that were claiming incapacity benefits in August 2005 over 1m listed mental and behavioural conditions as their main disability. Without care and treatment, mental health problems can have a serious effect on the individual and those around them.

Reducing Smoking and Tobacco Related Harm

There are now around 1.2 million fewer smokers than in 1998 but still 25% of adults smoke (23% of women, 26% of men) and the cost to the NHS is between £1.4 and £1.7 billion a year in England. Smoking continues to be the single greatest cause of preventable illness and premature death in the UK. It is estimated that each year over 120,000 people in the UK die from smoking related causes, constituting around a fifth of all deaths. In the Vale this equates to 170 deaths annually and it is estimated that 1 in 6 adults smoke. Smoking is known to cause lung cancer, respiratory diseases and heart disease, and it contributes to a range of other diseases and conditions.

Second hand smoke is also known to have a negative impact on health and so in 2004 the Choosing Health White Paper demonstrated the Government's commitment to smoke free public environments. In July 2007 smoking in most public places was banned and it is now the Vale district council's job to monitor and enforce this.

Air Quality

The Council has a legal responsibility to ensure that 'air' quality objectives are not exceeded in the Council's area. Standards for pollutants are set out in the 'UK National Air Quality Strategy'. If air quality standards are breached, Councils have to develop Air Quality Management plans (including declaration of Air Quality Management Areas) to tackle the most serious sources of pollution.

Therefore the Council carries out various air quality monitoring activities and has had various studies carried out to model and predict pollution levels. Concentrations in the Vale do not exceed the national air quality objective levels except in the busy narrow streets of central Abingdon and near the A34 in Botley, due to levels of nitrogen dioxide from vehicle emissions. In view of this in 2006 the Council declared an Air Quality Management Area in the centre of Abingdon to ensure air quality in this area was improved.

The Council has also undertaken a detailed assessment of air quality in Botley and is due to declare an Air Quality Management Area in this area. For more information download the detailed assessment of air quality in Abingdon and Botley using the links below

[http://www.whitehorsedc.gov.uk/Images/Detailed%20Assesment%20Report%20%20\(for%20Central%20Abingdon\)%202005_tcm4-9524_tcm4-943.pdf](http://www.whitehorsedc.gov.uk/Images/Detailed%20Assesment%20Report%20%20(for%20Central%20Abingdon)%202005_tcm4-9524_tcm4-943.pdf)

http://www.whitehorsedc.gov.uk/Images/Botley%20DA%20Final%20Sep%2007_tcm4-12316_tcm4-944.pdf

6.0 Assessing Health Development Related Services

As stated in section 2.0 the Healthier Action Plan (HAP) was drawn up during 2006/7 to reflect the original position and possible changes to Council services that contribute to health and well being improvement. The plan was revised in August 2007 to take account of budgetary and strategic developments. Table 1 shows each of the services and projects from the revised HAP, arranged to reflect the health improvement challenges set out in the Director of Public Health Annual Report for 2007.

TABLE 1

The Council's Health Development - related services and projects

	PUBLIC HEALTH PRIORITY	CATEGORY / ITEM	SERVICE AREA
1	AP, C/YP	Provision of grants to meet Decent Homes standard	Housing
2	AP, C/YP	Work to support increase in stock of Lifetime homes (homes that can be adapted to meet the needs of aging occupiers)	Housing
3	AP, C/YP	Work to reduce incidence of homelessness	Housing
4	AP, C/YP	Housing benefit to assist those on low incomes to obtain a decent standard of housing	Housing
5	AP, C/YP, O	Work to reduce the use of temporary accommodation because temporary accommodation is detrimental to quality of life in that it is non permanent and sometimes away from support networks.	Housing
6	AP, C/YP	Adaptation work to homes for clients with a disability	Housing
7	AP, C/YP	Work to reduce fuel poverty	Housing – Energy Team
8	AP, C/YP, ID	Work to tackle climate change health impacts	Housing – Energy Team
9	O, AP, C/YP	Disabled access to sport	Sports Development
10	O, C/YP, AP	Rural outreach – taking sport to rural communities	Sports Development
11	O, AP	Community Sports Network Plan to increase participation by older people	Sports Development
12	O, AP, C/YP	Physical Activity	Sports Development
13	O	Sports awareness raising for the non sporting population	Sports Development
14	O	Ensuring that planning applications make adequate provision for open space and that adequate financial contributions are obtained towards development, improvement and maintenance of recreational facilities	Planning

	PUBLIC HEALTH PRIORITY	CATEGORY / ITEM	SERVICE AREA
15	O	Green Travel Plan – to reduce the number of journeys made to, from and at work by encouraging walking and cycling	Planning
16	AP, C/YP	Supporting economic development to ensure high levels of employment and thus economic and social wellbeing.	Community Strategy
17	AP	Assisted travel to enable elderly and disabled people to maintain their independence	Community Strategy
18	AP	Involvement in the county wide Supporting People programme which provides housing-related services enabling vulnerable people to enhance their independence	Housing
19	AP, C/YP	Providing support to disadvantaged communities to improve their well-being through involvement in the wider community	Community Strategy
20	C/YP, O	To develop a Play Strategy for the Vale in order to improve the range and availability of play services and facilities.	Parks and Open Spaces / Landscape
21	C/YP	Air Quality – measuring air quality against national standards	Environmental Health
22	None	Contaminated Land – establishing the existence of such land likely to cause harm to health and taking appropriate action to ensure responsible third parties carry out remediation	Environmental Health
23	AP, C/YP	Smoking controls –Implementing Health Act 2006 controls in public enclosed premises and vehicles	Environmental Health
24	O, AP	Fit at Work to encourage employees to maintain healthy lifestyles	Sports Development
25	O, C/YP	School links to engage children in sports	Sports Development
26	O, AP, C/YP	4 Leisure Centres, 2 Halls and an open air pool providing a range of sport and exercise facilities for all age ranges and levels of ability	Facilities / Leisure Centres
27	O, AP, C/YP	GP referral schemes	Facilities / Leisure Centres
29	AP, C/YP, O	Community Groups such as Green Gym to improve health through active living rather than sport	Parks and Open Spaces / Landscape
30	AP, C/YP	Community grants to support groups involved in tackling local health issues	Community Strategy
31	None	Supporting targeted arts programmes that have a positive impact on mental and physical well-being	Arts Development
32	None	Supporting groups which address disability and mental health issues through involvement in arts projects	Arts Development
33	AP	Well being at work	Human Resources - Welfare
34	None	Occupational Health – inspection, complaints investigation and promotional activity aimed at reducing ill health related to workplace factors	Environmental Health
35	ID, C/YP, AP	Infectious Disease Control	Environmental Health
36	C/YP	Underage Alcohol Sales	Licensing & Community Safety

Key

AP – Ageing Population – addressing the demographic challenge

C/YP – Breaking the cycle of deprivation for children and families

O – Tackling obesity

ID – Fighting infectious diseases

7.0 Prioritisation

In order that the Health Improvement Plan achieved a considered view of the Vale's health development related services and projects, each health development related service or project currently being provided by the Council was rated using two criteria:

1. The notional relative health benefit of each service or project has been considered by reference to the four public health challenges set out in the Director of Public Health's Annual Report ² and to other health challenges for which there is a published evidence base.
2. The relative community impact of each service or project has been considered by reference to the size (number of residents) or nature of the community benefiting from it.

Table 1 showed the Council's health development related services or projects each with a reference to the key challenge or challenges it addressed. Table 2 shows the result of mapping these using the two criteria. The rationale behind the plotting of each service or project on the table can be found in Appendix 1.

This work was done in conjunction with a consultation programme undertaken internally and with the Vale Strategic Partnership, Members and our voluntary and community sector partners.

It follows that improving those services shown towards the top right hand section of Table 2 is likely to have the biggest impact on public health. However, it should be recognised that services and projects rated elsewhere on the table might still bring significant benefits to the health and well being of specific parts or groups in the community. Therefore in prioritising the proposed actions for the final HIP, account has been taken both of the public health impact and the significance of key target community groups.

² See section 4.0

TABLE 2

Health Development services and projects compared

		Size of Population		
		Low	Medium	High
Benefits to Health	HIGH	1 – Decent Homes 20 – Play Strategy 5 – Reduction in Temporary Accommodation	4 – Housing Benefit 9 – Disabled Access to Sport 10 – Rural Outreach Sports Schemes 25 – Sports School Links e.g. Locomotion Project 27 – GP Referral Schemes 35 – Infectious Diseases	11 - Community Sports Network Plan (incl Fit at Work) 12 – Physical Activity 23 – Smoking Controls 26 – Leisure Facilities 28 – Open Air Facilities
	MED	17 – Assisted Travel 21 - Air Quality Management 24 - Fit at Work	3 – Homelessness Plan 6 – Adaptation work to Homes 7 – Reduce Fuel Poverty 8 - Work to Tackle Climate Change Health Impacts 18 - Supporting People 29 – Health Related Community Groups	34 – Occupational Health
	LOW	15 - Green Travel Plan 33 - Wellbeing at Work	2 – Lifetime Homes 13 – Sports Development Awareness Raising 14 - Planning Applications to Encourage Open Space and Cycling 19 – Support to disadvantaged communities 22 – Contaminated Land 31 – Health Related Targeted Arts Programmes 32 – Supporting Groups which address Disability / Mental Health 36 - Underage Alcohol Sales	
		Low	Medium	High
		Size of Population		

See Appendix 1 for an explanation of position on Table 2

8.0 The Health Improvement Plan

The Council's timetable for Health Improvement Plan (HIP) development is concurrent with the timetables for the Vale Sustainable Community Strategy (VSCS), Local Development Framework (LDF), the County-wide Public Health Strategy (led by the PCT) and the Oxfordshire Sustainable Community Strategy (OSCS) (led by Oxfordshire County Council). Key milestones for each programme are shown in Table 3 (see Appendix 3).

The HIP sets out how the Vale's existing health related services can most effectively contribute to Vale health, taking into account these strategies. Consultation therefore took place with the PCT, Vale Strategic Partnership and our voluntary and community sector partners to help in determining how best to use the Council's existing resources to improve health and well being in the Vale as well as identify partnership opportunities.

In order to be effective a key function of the HIP must be to set targets and to guide progress throughout its lifespan. Most of the data needed to measure performance will be readily available as part of the National Indicator (NI) set published in November 2007* or from other sources including the South East Public Health Observatory, the data for which is already being collected nationally. This data will help the Council to obtain an accurate picture of progress. Some of the chosen NI's will be reported at district level and those reported at a county wide level will help indicate the 'direction of travel'.

In the plan which follows, activities related to health development services are shown together with proposed actions for the next 4 years. These have been grouped firstly by the respective key health challenges and then by the relative priority attached to each action. The relative priority (from 1 – 3) is based on the considerations outlined in section 7.0.

See Appendix 2 for National Indicator explanations

* www.communities.gov.uk/publications/localgovernment/nationalindicator

Vale of White Horse District Council Health Improvement Plan - 2008/2011

Tackling Obesity								
Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority	
1	Increased percentage of the adult population participating in 3 x 30 minutes of physical activity, defined by the Active People Survey.	The Vale currently provides a comprehensive service which offers increased opportunities for participation in sport and active recreation Physical Activity Coordinator (PAC) currently works twelve hours per week tackling the gaps that were highlighted by the Active People Survey	Extend the Physical Activity Coordinator (PAC) hours.	SOLL / CLS	Active People Survey results for 2008 - 2009	NI 8 NI 120 Increase participation of adult population in physical activity by 1% in order to meet LAA objective	Sports Development / Facilities	1
2	Increased up-take of physical activity in the 16- 24 year age group	King Alfred school is conducting a survey on why young people stop playing sport as soon as it becomes non compulsory at school at 16 years.	Implement new initiatives that address the reasons for non engagement	College of Further Education/Abingdon College	Number of new initiatives. Number of new participants.	NI 8	Sports Development	1
3	Increased up-take of physical activity in the 25 - 50 year age group	Physical Activity Coordinator (PAC) is currently working with 'Stay at Home Mums'	Target the working population by linking in with the Fit at Work scheme	Community Sports Network	Number of new initiatives. Number of new participants.	NI 8 NI 120	Sports Development	1
4	Increased up-take of physical activity of people 50 years and upwards	Running the 50+ Day - 06/03/2008	Follow up questionnaire in 6 months time to see how their engagement has changed	Age Concern/PCT/Social & Community Services	Number of new people taking up healthy activities	NI 8 NI 120	Sports Development	1
5	School Sports	Through the School Sports Partnership, ensure that all schools offer a minimum of 2 hours PE a week	Increase the opportunity to participate in PE for up to 5 hours per week through the Extended Schools programme.	School Sports Partnership	PESSCL (Physical Education Schools Sports Club Links) 75% of children have 2 hours of PE a week	NI 57 NI 110	Sports Development	1
6	Health Walks Scheme	Viv Boorman (volunteer) is working as the Health Walks Trainer and runs the scheme in Abingdon. Schemes also exist in Botley, Faringdon and Wantage.	Design and signpost walks of varying lengths and extend the scheme.	Oxfordshire County Council Urban Environment Team / PCT	The number of people benefiting from Health Walks	NI 8	Health Development / PCT	1
7	Park Gyms	Trim Trail in Faringdon has been a success over the last 10 years and is currently being updated.	Support the development of another trim trail as well as a Park Gym for older people. Abbey Meadows/Tilsley Park TBC	Budget constraints. Will need to be sponsored by a local business, or developer.	Number of new sites/participants	NI 8 NI 120	Health Development / Parks and Open Spaces	1

	Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority
8	Develop a range of activities for non sporting people		Dancing/walking/gardening/habitat maintenance/litter picks	Local groups eg BBOWT Environment Warden/Litter Picks Letcombe Brook Project Officer	Number of new initiatives. Number of new participants.	NI 120	Health Development / Sports Development	1
9	Design, develop, and maintain a variety of open air spaces and leisure facilities for all ages within the community	The Council's current adopted Local plan (2011) contains a suite of policies to secure provision of open space & leisure facilities in association with proposed new developments, to protect existing open space and playing fields and to ensure adequate provision for cyclists. The Development Control Service will apply these policies when considering planning applications, and will seek to secure financial contributions from the developers towards future maintenance	Deliver more successful S106 outcomes to enable the Vale to further improve the range and quality of open air facilities. Continue to improve access for all in parks, play areas and open spaces through design. Ensure that circular walks and cycle paths are established on new housing developments. Meet target pass rate of 78% on randomly selected monitoring inspections of Play areas. Explore and develop marked walking routes.	Developers - Section 106	Number of new housing developments with walks and cycle paths.	NI 120	Planning/ Parks and Open Spaces	1
10	Develop Sporting Opportunities in Rural Locations	Short courses and events to enable those unable to access our Leisure Centres to participate in sport and supporting and promoting local clubs Improving coaching quality and increasing number of accredited clubs and long-term sustainability of those clubs Aim to use 10 rural venues for Sports Development Courses	Improving coaching quality and increasing number of accredited clubs and long-term sustainability of those clubs Aim to use 10 rural venues for Sports Development Courses	Clubs and venues within the Vale	Number of new initiatives. Number of new participants.	NI 120 NI 110	Health Development	2
11	Promote Healthy Eating within the work place		Information and promotion on site visits where appropriate	Waitrose/Tesco on an Oxon wide scale. Food Team	Annual increase in the number of new businesses taking up this initiative	NI 120	Health Development / Food Safety	2
12	Encourage Healthier Food Options		Implement policies for healthier vending machines within Vale leisure centres and businesses.	Vending machine suppliers	Number of healthier vending machines. Number of businesses adopting healthy food policies	NI 120	Health Development	2
13	Encourage Healthier Food Options		Implement policies for healthier lunches for holiday play schemes. Include some healthy food options at the Abbey Meadows kiosk		Number of children accessing healthy lunches. Healthy food options for sale at site kiosks and vending machines.	NI 120	Health Development / Parks and Open Spaces	2

	Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority
14	GP Exercise and Cardiac Referral Scheme	Enable those with health issues to access our Leisure Centres to address their health issues through exercise	Increase uptake of GP referrals to the scheme	SOLL / CLS	The number of referrals through the scheme, especially clients from disadvantaged areas.	NI 8 NI 120	Health Development / PCT	2
15	Green Gyms	Landscaping, habitat maintenance and improvement undertaken in Abingdon	Support the development of sites at Wantage and Faringdon	Friends Group/Green Gym Group	Number of new initiatives. Number of new participants.	NI 8 NI 120	Health Development / Parks and Open Spaces	2
16	Develop Healthy Eating/ Practical Cookery sessions		Minimum of three sessions to be delivered per year for targeted vulnerable groups.	Integration work and skills sharing (Age Concern) Back to work schemes The Bridge The Abingdon Foyer	Number of people receiving healthy eating advice and/or cooking skills sessions	NI 120 NI 141 Estimated 1 in 5 adults are obese (SEPHO 2007)	Health Development	3
17	Green Flag Award	Working towards achieving Green Flag status for Vale parks and open spaces	Achieve Green flag status at Wantage Memorial Park and Abbey Meadows / Gardens	The Civic Trust	The number of sites awarded Green Flag status	NI 195	Parks and Open Spaces	3
18	Develop Community groups through partnership working		Help facilitate community groups and volunteers such as the Abingdon Green Gym. Abingdon Naturalists Group and Friends Groups that encourage people to improve both physical and mental health through active living rather than sport		Number of new groups. Number of new participants.	NI 6 NI 120	Health Development	3
19	Promote the Cycle Scheme / Cycle to work / School	Green Transport Plan	Promote in local businesses		Annual increase in the number of new businesses taking up this initiative	NI 198 NI 185 NI 186 NI 120 NI 175 NI 188	Health Development / Climate Change	3

Aging Population								
Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority	
20	Older People's Activities	50+ Day taking place on 6th March 2008. A free shuttle bus is being run, covering a five mile radius of Abingdon Physical Activity Coordinator (PAC) is targeting older groups	Support projects, clubs and activities for older people at sports and community venues. Support, promote and deliver programmes of gentle exercise for older people. Older/Bolder seated exercise. Support and promote Vale resources.	Age Concern Shirley Wong (County Exercise C- coordinator) Promote activities through Vale Views	Number of sessions delivered Number of older people involved Number of new clubs/classes initiated	NI 120	Sports Development / Health Development	1
21	Develop a range of activities for non sporting people	Physical Activity Coordinator (PAC) is investigating the barriers to participation.	Implement a strategy to address these barriers.		Number of new initiatives. Number of new participants.	NI 120	Sports Development	1
22	Ongoing support for community transport	Free passes and "Dial-A-Ride" to enable to elderly and disabled to maintain their independence and reduce rural isolation Working with partners to sustain and improve community transport schemes	Continue to fund and support Dial-a-Ride (Octabus) bus service for older people and people with mobility issues and those needing health related journeys. Possible review of contract in order to improve the accessibility of the service by making it more flexible. Continue to support community bus schemes. Monitor setting up of information points in rural settings and promote through Parish Councils. Build capacity by encouraging community support schemes to operate on their own and by generating interest amongst volunteers.	Abingdon and District Volunteer Centre - Car Scheme / Faringdon Community Bus Ltd. / Octabus - Dial a Ride / Wantage Independent Advice Centre Volunteer Car Scheme/ Watchfield Shopper Bus / Kennington Good Neighbours / UBW Minibus / Buckland RWT Community Minibus / Groveland Shopper Service / Blueberry Bus/ Stanford in the Vale	Number of people taking up and using the services	NI 175 NI 177	Health Development / Planning	2
23	Reduce isolation and vulnerability	N/A	Lunch Schemes/ Breakfast Clubs	Talk to Parish Councils/Age Concern/ Church/Family Centres	Number of new groups/participants		Health Development	2

Breaking the Cycle of Deprivation for Children and Families

	Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority
24	After School Clubs and Holiday Sports Schemes	To enable a more Strategic approach to play throughout the Vale. Improve range and availability of opportunities for all play outside of school for 5 to 14 year olds across the Vale.	Work with clubs and schemes to increase participation and offer health promotion.	Sports Partnership	Number of programmes Number of participants	NI 56 NI 110 Increased involvement of children aged 5-14 years, especially from disadvantaged groups.	Sports Development	2
25	Alcohol Misuse and underage drinking	The Councils Licensing and Community Safety teams work in partnership with the Police to detect underage sales of alcohol by conducting test purchasing following intelligence leads	Continue to conduct intelligence led test purchasing. Support the development of the new Oxfordshire Alcohol Harm Reduction Strategy Support the Vale Nightsafe Scheme Ensure that health related messages are integrated into activities taken by regulators.	Alcohol Referral Scheme to be adopted in the Vale	A&E Data Collation of alcohol harm related hospital admissions. The number of actual bodily harm crimes per 1000 of the population. The % of people who perceive drug use or dealing/drunken behaviour to be a problem in their area.	NI 39 NI 41	Community Safety/Licensing Unit	3
26	Drug Misuse		Support the development of the Oxfordshire Drugs Strategy		Number of Class A drug users in effective treatment The percentage of the public that perceive drug use or dealing to be a problem in their area	NI40 NI42	Community Safety	3

Reducing the Number of People Who Smoke

Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority
28 Maintain Smoke Free Enclosed Public Spaces	The new law commenced in July 2007. Executive approved a partnership approach to implementation including supportive measures for Vale employers and leading by example. Funding has been granted by DOH for 2006-2008. Successful implementation of Health Act 2006 Continue to respond to Health Act Service Requests within 48 hours as stated in BVPP (LPI EH7)	Adherence to smoke free legislation. Monitor the number of non-compliant premises for the Smoke Free Act and offer support		Number of premises changing behaviour	To reduce prevalence in routine & manual groups from 31% (2002) to 26% (or less) by 2010 NI 123 To reduce the number of women who smoke during pregnancy from 23% to 15% by 2010	Food Safety	3
29 Local Stop Smoking groups	N/A	Local Stop Smoking courses Co-ordinate a minimum of 2 courses per year	PCT Smoking Advisory Service	Number of quitters at groups	NI 123 To reduce smoking prevalence to 21% (or lower) by 2010	Health Development	3
30 Quitters exercise on referral - Provision of reduced cost exercise referral for quitters.	Continued smoking cessation advice in GP practices.	Promote uptake of referrals at Vale sports centres	GP's	Number of smoking quitters per annum	NI 123 Number of quitters taking up the offer	Health Development	3
31 Reduce smoking prevalence in young people.	N/A	Conduct sessions on smoking cessation at Abingdon College	PCT	Co-ordinate minimum of 3 sessions on smoking cessation per year	To reduce smoking among children from 13% to 9% (or less) by 2010	Health Development	3

Fighting Infectious Diseases

	Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority
32	Reduce HIV and STD infection rates	Bi monthly testing at Dalton Barracks	Support the Terrance Higgins Trust to run mobile testing at two sites in the Vale.	Terrance Higgins Trust	Two sessions at two sites in the next two years	NI 113	Health Development	3
33	Reduce the number of cases of food poisoning	Discharge the statutory functions and responsibilities under food legislation; to provide advice concerning food safety and food hygiene, to ensure that risks to health are recognised and managed	Devise and implement a health promotion programme including National Food Safety Week.	Food Hygiene Advice FSA (Food standards agency)		NI184	Food Safety	3

Community Grants

	Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority
34	Staying Put/Disabled Facilities Grants/Get You Home	Functions of Home Improvement Agency - Funded by Social Services/ District Council/PCT and others. Provides a range of services to target group - over 60 and disabled	New short term contract for 6 months then intention to tender for contract for South/Vale agency for 3 years	This is a partnership	Outputs are clearly defined in the contract specification	NI 124 NI 125	Housing	2
35	Insulation grants	Energy Incentive Grants provided by the Council. Referrals made to Govt Warm Front scheme. As per Climate Change Strategy	Improving grants to assist fuel poor groups and those not eligible for other forms of assistance	Working with installer and agents already exploited	Number of people benefiting from insulation measures	NI 187 Tackling Fuel Poverty. And NI 186 Per Capita Co2 emission.	Housing	2
36	Tackling Fuel Poverty	The Council has an Affordable Warmth Strategy and Action Plan which it annually updates	Implementation of 2008 measures identified by Affordable Warmth Working group	Members of Working Group - PCT, Housing Association, CAB, Anchor Staying Put, Thames Valley Energy Centre, Age Concern, Warm Front	Value of Warm Front referrals	NI 187 Tackling Fuel Poverty	Housing	2

	Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority
37	Decent Homes - private sector housing stock	Identification of non decent homes occupied by vulnerable households	To assist via grant assistance within Council's policy of grant assistance	Work in conjunction with Warm Front	Number of non decent homes made decent Target for 2008 is 75		Housing	3
Miscellaneous								
38	Implementing Equality and Diversity policies	A part-time coach has been recruited specifically to work with disabled individuals and groups to improve access to sport and exercise	Ensure that all equality policies (age; disability; gender; race; religion or belief; sexual orientation) are embedded into services and service delivery. Ensure that an Equality Impact Assessment is carried out on the sports development service (in line with the Council's three year EIA timetable)	Oxford Sports Partnership National Governing Bodies Schools	Number of people coached	Bi-annual reporting	Sports Development	1
40	Promote Health Improvement Services	Vale Website currently provides information on Health and Wellbeing in the Vale	Utilise the Equality Bulletin, Parish news letters and Vale Views to promote health related services. Build on the information on the Vale Website. Encourage partners to host links to this Web page.	Parish Councils			Health Development / Communications	2
41	Reduce the incidence rate of fatal and major injury by 10% (Health & Safety Commission)	Inspect and regulate 2000 businesses	Focus on highest risk business through a topic based inspection programme				Environmental Health	3
42	Carry out Reviews and Assessment of Air Quality	Preparation of Action Plans where specific problems exist e.g. Abingdon town centre. Monitoring of industrial premises with the potential to generate air pollution and taking enforcement action where necessary	Monitor for air pollution in accordance with statutory guidance	Air quality action plan Abingdon/Botley	Industrial chemicals, solvents and fuel vapours		Environmental Health	3
43	Green Travel Plan	Green Travel plan covers staff commuter mileage and has focused on encouraging cycling through provision of improved facilities.	Review of the Travel Plan to introduce business travel and reposition the travel plan as way to reduce travel emissions. Improved health could also be used as another hook	Cycle Scheme, Public transport providers,	As per Travel Plan		Planning	3

	Activity	Current Position	Next Steps/Action	Partnership Opportunities	Indicator	Monitoring	Service Area	Priority
44	Climate Change Strategy	Strategy and Action Plan agreed in December 2007	Implementation of climate change action plan. Many actions have related health benefit. Any actions with significant health benefits are covered in this Health Improvement Plan	Mostly in-house actions		NI 185 CO2 reduction from local authority operations	Housing but mainly a corporate	3
45	Housing Health and Safety Rating System (Eliminate category the worst hazards)	Identification as part of routine and promotion work. Improvements to remove hazards achieved through advice, grant assistance and equity loans and enforcement.	Work to identify at risk homes	Limited	Number of properties where hazards identified and removed target for 2008 is 20 properties		Housing	3
46	Survey the district to identify land which may be contaminated	Contaminated Land – establishing the existence of such land likely to cause harm to health and taking appropriate action to ensure responsible third parties carry out remediation - Service good but under strain from levels of demand	Continue to develop database of contaminated land, and to use planning conditions to secure remediation of contaminated sites subject to planning applications. Continue to provide information and advice to householders and businesses on naturally occurring radon gas and its effect on health.				Environmental Health	4
47	Value Your Vale'		Form part of a Council wide proactive PR campaign which is aimed at promoting citizenship. This is to include the Website, Press and promotional work.				Communications	4

9.0 Next Steps

The HIP sets out prioritised actions for the Vale to pursue over the next four years. The framework for doing so is county-wide and involves several partners including the PCT, Oxon Councils and the Voluntary and Community sector.

The HIP is the Councils contribution to the emerging public health framework as described in section 8. The HIP also provides linkage between this emerging framework and those providing Council services. Work with external partners and service managers will be ongoing and the HIP will therefore remain a working document.

Key milestones in the lifetime of the HIP will be featured in the Council's Corporate Governance Framework which is monitored by the Senior Management Team and Executive. Several of the actions in the plan will make a significant contribution to the Local Area Agreement for Oxfordshire.

- Incorporate proposals into service plans - April
- Establish baselines using available data in order to set targets - May
- Take account of final LAA targets and plans - July
- Confirm targets for all activities - September
- Carry out preliminary review – January 2009

Delivery of the HIP is a key responsibility of the Deputy Director for Environmental Health whilst coordination and implementation will be led by the Health Development Officer. A review of the Plan will take place in January 2009.

Appendices

Appendix 1 **Explanation of position on Table 2**

- 1 High on 'Health Benefits' as meets two priorities (breaking the cycle of deprivation and ageing population) but low on 'Size of population' as this effects a limited section of the community.
- 2 Low on 'Health Benefits' as meets two priorities (breaking the cycle of deprivation and ageing population) but not to a great extent. Medium on 'Size of population' as it effects a significant section of the community.
- 3 Medium on 'Health Benefits' as meets two priorities (breaking the cycle of deprivation and ageing population). Medium on 'Size of population' as homelessness can affect people at one time or another in their lifetime.
- 4 High on 'Health Benefits' as meets two priorities (breaking the cycle of deprivation and ageing population) and medium on 'Size of population' as this effects a significant section of the community.
- 5 High on 'Health Benefits' as meets three priorities (breaking the cycle of deprivation, ageing population and obesity) but low on 'Size of population' as this effects a limited section of the community.
- 6 Medium on 'Health Benefits' as meets two priorities (breaking the cycle of deprivation and ageing population) and medium 'Size of population' as a significant number of the population are disabled.
- 7 Medium on 'Health Benefits' as meets two priorities (ageing population and to a lesser extent breaking the cycle of deprivation) and medium on 'Size of population' as affects a significant proportion of the population.
- 8 Medium on 'Health Benefits' and medium on 'Size of population' as can't say which section of the population will be affected but it will be a significant proportion of the population.
- 9 High on 'Health Benefit' as meets three priorities (ageing population, cycle of deprivation and obesity) and medium 'Size of population' as a significant number of the population (disabled).
- 10 High on 'Health Benefits' as meets three priorities (ageing population, deprivation and obesity) and medium on 'Size of population' as significant proportion of Vale population live in rural areas.
- 11 High on 'Health Benefits' as meets two priorities (ageing population as for over 50s and obesity) and high on 'Size of population' as open to a high percentage of the population (anyone over 50)
- 12 High on 'Health Benefits' as meets three priorities (ageing population, deprivation and obesity) and high on 'Size of population' as open to whole of Vale population.
- 13 Low on 'Health Benefits' as meets one priority (obesity) and medium on 'Size of population' as aimed at the non sporting population and quite a high number of the population is non sporting.
- 14 Low on 'Health benefits' as only marginally meets one priority (obesity – although would contribute to cycle of deprivation if new developments were in deprived areas) and medium on "Size of population' as is open to anyone but will only be accessible on a regular basis to those nearby.
- 15 Low on 'Health Benefits' as only marginally meets one priority (obesity) and low on 'Size of population' as only Vale staff and two other target companies.
- 16 'Support economic development' was deemed not to have significant direct or indirect benefits and so was omitted.
- 17 Medium on 'Health Benefits' as significantly meets one priority (ageing population) and medium on 'Size of population' as available for elderly people which are a significant and growing proportion of population.
- 18 Medium on 'Health Benefits' as significantly meets one priority (ageing population) and medium on 'Size of population' as available for vulnerable people which is a significant proportion of population.
- 19 is prioritised in the Vale Community Strategy

- 20 High on 'Health Benefits' as meets two priorities (cycle of deprivation and obesity) and low on 'Size of population' as aimed at specific section of population (5-14 yr olds).
- 21 Medium on 'Health Benefits' as significantly meets one priority (cycle of deprivation) and is an important contributor to health in the Vale. Low on 'Size of population' as problems are only within a few small pockets.
- 22 Low on 'Health Benefit' as although it doesn't directly meet any of the four priorities it is directly linked to health. Medium on 'Size of population' as the number of sites are few.
- 23 High on 'Health Benefits' as meets two priorities (ageing population and cycle of deprivation) and high 'Size of population' because legislation and enforcement applies to whole population.
- 24 Medium on 'Health Benefits' as meets two priorities (obesity and ageing population) and low on 'Size of population' as only open to Vale staff.
- 25 High on 'Health Benefits' as meets two priorities (cycle of deprivation and obesity) and medium on 'Size of population' as primary school students make up significant proportion of population.
- 26 High Health benefits as meets three priorities (ageing population, cycle of deprivation and obesity). High on 'Size of population' as centres open to everyone and future plans in place to identify hard to reach groups and change concession policies.
- 27 High on 'Health Benefits' as meets three priorities (ageing population, cycle of deprivation and obesity) and medium on 'Size of population' because referral is down to assessment by GP so not everyone is suitable.
- 28 High on 'Health Benefit' as meets one (obesity) priority and to a lesser extent meets ageing population and cycle of deprivation. High on 'Size of population' as open to everyone.
- 29 Medium on 'Health Benefits' as although contributes to three priorities (ageing population, cycle of deprivation and obesity) only to a minimal extent. Medium 'Size of population' as aimed at significant proportion of population (non-sporting).
- 30 Low on 'Health Benefits' as doesn't specifically meet any of the four priorities. Medium on 'Size of population' as aimed at specific targeted groups (excluded groups).
- 31 Low on 'Health Benefits' as doesn't specifically meet any of the four priorities and medium on 'Size of population' as aimed at a significant proportion of the population (those with a disability or mental health problem).
- 32 'Health Benefits' are low as only contributes marginally to ageing population. Low on 'Size of population' as applies to Vale staff.
- 33 Medium on 'Health Benefits' as doesn't specifically relate to any of the four priorities but is important for health protection in terms of safety. High on 'Size of population' as protects working population and also customers / visitors within the companies.
- 34 High on 'Health Benefit' as meets three priorities (ageing population, cycle of deprivation and fighting infectious disease) and medium on 'Size of population' as could affect large number of population.
- 35 Low on 'Health Benefits' as only meets one priority (cycle of deprivation) and medium on 'Size of population' as affects quite significant proportion of population (teenagers).

Appendix 2 National Indicators

NI 6	Participation in regular volunteering
NI 8	Adult participation in sport
NI 20	Assault with injury crime rate
NI 32	Repeat incidents of domestic violence
NI 39	Alcohol-harm related hospital admission rates
NI 40	Drug users in effective treatment
NI 41	Perceptions of drunk or rowdy behaviour as a problem
NI 42	Perceptions of drug use or drug dealing as a problem
NI 47	People killed or seriously injured in road traffic accidents
NI 56	Obesity among primary school age children in Year 6
NI 57	Children and young people's participation in high-quality PE and sport
NI 110	Young people's participation in positive activities
NI 113	Prevalence of Chlamydia in under 20 year olds
NI 120	All-age all cause mortality rate
NI 123	16+ current smoking rate prevalence
NI 124	People with a long-term condition supported to be independent and in control of their condition
NI 125	Achieving independence for older people through rehabilitation/intermediate care
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently
NI 141	Number of vulnerable people achieving independent living
NI 175	Access to services and facilities by public transport, walking and cycling
NI 177	Local bus passenger journeys originating in the authority area
NI 185	CO2 reduction from Local Authority operations
NI 185	CO2 reduction from Local Authority operations
NI 186	Per capita CO2 emissions in the LA area
NI 187	Tackling fuel poverty – people receiving income based benefits living in homes with a low energy efficiency rating
NI 188	Adapting to climate change
NI 195	Improved street and environmental cleanliness (levels of graffiti, litter, detritus and fly posting)
NI 198	Children travelling to school – mode of travel usually used

National Indicators proposed for inclusion in the forthcoming Oxfordshire Local Area Agreement are shown in bold.

Appendix 3

TABLE 3 Timetables for the Oxfordshire and Vale Plans closely related to the HIP

	Sept	Oct	Nov	Dec	Jan	Feb	March	April
Public Health Strategy	Draft for int. consultation	Oxfordshire Partnership	PSB Safer Communities Partnership Economic Partnership Board	Framework agreed Take it to Health and Wellbeing Partnership Board	Negotiation with Partners for Action Plan		Monitoring Framework	
Obesity Strategy					Draft Review			Signed Off & Published
Oxfordshire Sustainable Community Strategy	Options paper for consultation (25 th Sept)	Oxfordshire Partnership (25 th October)	Consultation ends (23 rd Nov) Draft framework for comment to OP; LSP's	Draft for public consultation Agreement on key priorities (OP; LSP's)	Public consultation	Public consultation	Development of draft OSCS strategy	
LAA2	Consultation	Consultation		Proposed targets (20 th)	PSB challenge draft targets	PSB recommends LAA2 to OP		LAA2 Targets submitted to GOSE
Vale SCS	Consultation with District Councillors and Board Members	Information re Issues & Options to Vale residents 8 week consultation	Consultation		Using Issues & Options comments to prepare draft Community Strategy	Using Issues & Options comments to prepare draft Community Strategy	Finalising draft strategy	Launch of final 8 week consultation
HIP	Draft for Int. consultation	Internal consultation, PCT, SMT	Executive			Voluntary & Community partner consultation	Final Draft Review	Signed Off & Published

Glossary

HIP - Health Improvement Plan
VSCS - Vale Sustainable Community Strategy
LDF - Local Development Framework
OSCS - Oxfordshire Sustainable Community Strategy
PSB – Public Service Board
GOSE – Government Office of the South East
VSP – Vale Strategic Partnership
LAA2 – Local Area Agreement
PCT – Primary Care Trust
NI – National Indicator
OP – Oxfordshire Partnership
SEPHO - The South East Public Health Observatory
SMT – Senior Management team
DOH – Department of Health

Sources of Information

Choosing Health White Paper -

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4094550

Strong and Prosperous Communities -

<http://www.communities.gov.uk/publications/localgovernment/strongprosperous>

Communities and local Government - National Indicators

<http://www.communities.gov.uk/publications/localgovernment/indicatorsdefinitions>

The Key Challenges – Department of Health Challenge England fact sheets and statistics

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139513

South East Public Health Observatory

www.sepho.org.uk/

Oxfordshire public Health strategy

<https://www.oxford.gov.uk/files/meetingdocs/69531/item%2011.pdf>

Sources of further information

• Smoking

Giving Up Smoking: www.givingupsmoking.co.uk

ASH: www.ash.org.uk

• Obesity

British Heart Foundation: www.bhf.org.uk

British Nutrition Foundation: www.nutrition.org.uk

Five a Day: www.5aday.nhs.uk

Sport England: www.sportengland.org

• Sexual Health

Health Protection Agency: www.hpa.org.uk

Terence Higgins Trust: www.tht.org.uk

• Mental Health

Mentality: www.mentality.org.uk

• Alcohol

Alcohol Concern: www.alcoholconcern.org.uk

• Drugs

Frank: www.talktofrank.com

• Children and Young People

Alcohol: www.talktofrank.com

Connexions: www.connexions-direct.com

Health Inequalities: www.bhha.nhs.uk/phi/inequality.htm

Sexual Health: www.ruthinking.co.uk

Smoking: www.quit.org.uk

Mental Health: www.youngminds.org.uk

Obesity: www.mindbodysoul.gov.uk and www.teenagehealthfreak.org

• Older People

Age Concern: www.ageconcern.org.uk

Alzheimers Society: www.alzheimers.org.uk

Help the Aged: www.helptheaged.org.uk